



- We have an online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).
- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. **Check out our Monthly Continuing Education Seminars!**

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Bureau of EMS Newsletter

Volume 15, Issue 2

March –April 2015

Message from the Bureau Chief

We at the Bureau hope everyone had a safe winter. The Bureau continues to move forward with many exciting projects. We continue to see a rise in Narcan administration and I want to personally thank the EMR and EMT providers that have taken the opportunity to administer Narcan. Since May of 2014 when the protocol changed we have seen 194 Narcan administrations that would not have occurred without these providers coming forward to add this skill to their set. Job well done!

Stay safe. As always please contact the Bureau if you have any questions or concerns.

Thanks,

Chief Mercuri

Law Enforcement EMS Provider License:

This voluntary level of new EMS provider has been created and we are ready to issue licenses. It was developed to improve access to Narcan for our patients experiencing the effects of an Opioid overdose. The startling increase in overdose patients unfortunately continues. There will be a press release very soon so Units may get calls about this new level. We have posted a [NH Law Enforcement document](#) that explains the process on our main webpage. If you or your law enforcement partners have questions please contact [Kathy Higgins-Doolan](#) or [Chief Mercuri](#).

Mobile Integrated Healthcare (MIH):

The new rule was filed in January; however the JLCAR (Joint Legislative Committee on Administrative Rules) requested some minor wording changes. They have been completed and the rule will be re-filed. As a reminder, once the rule is filed it will take about 90-120 days to complete the process of becoming active. We will continue to send updates. For questions contact [Chief Mercuri](#) or [Vicki Blanchard](#).

EMS in the Warm Zone:

EMS in the Warm Zone requires collaborative training so the task force met to discuss potential training and review a course to bring to the state. This is a continuing process and we hope to make training available this summer. Please see the EMS in the Warm Zone Best Practice document posted on the Bureau's web site. For questions please contact [Chief Mercuri](#).

Trauma System Evaluation:

The Department of Safety and the Trauma Medical Review Committee have collaborated on having a Trauma System Evaluation. This process will include having an outside organization review our laws, rules, protocols, policies, training, and other system components and compare them to a model trauma system. This exciting project will provide us with a roadmap on future projects and opportunities for system enhancements. On March 16th we issued a Request for Proposals, so the ball is rolling! We will keep you updated as this progresses. For more information please contact [Chief Mercuri](#) or [Deputy Chief Bouffard](#).

Totals for
"Complete"
status on our
online training
for :

Spinal Protocol

3,424

Nasal Narcan

1,666

Info as of 3/2015

We're on the Web!

www.nh.gov/ems

There are
currently 5,530
licensed EMS
Providers in the
State of New
Hampshire.

Research & Quality Management: TEMSIS to Elite

As many of you know, the Bureau sent out a Memo this winter stating that the TEMSIS software would upgrade to a new version effective June 2, 2015. Shortly after that notice ImageTrend let us know that the software would not be ready and reliable by that time as they had previously planned. Consequently, the TEMSIS transition date has now had to change significantly.

ImageTrend has just recently given us a new development schedule. Based on the information we have, the new transition date has been moved to December of this year. This insures that the software has all the functions that we currently use, and has had time for most of the bugs to have been worked out before we start to use it

The Bureau is currently working on revising our own schedule for the transition and will post that information when it is available.

Research & Quality Management: Runform Change coming SOON!

Because of the delay in the transition to the Elite Runform, we will be making some significant updates to the current runform this spring. There are two reasons for this:

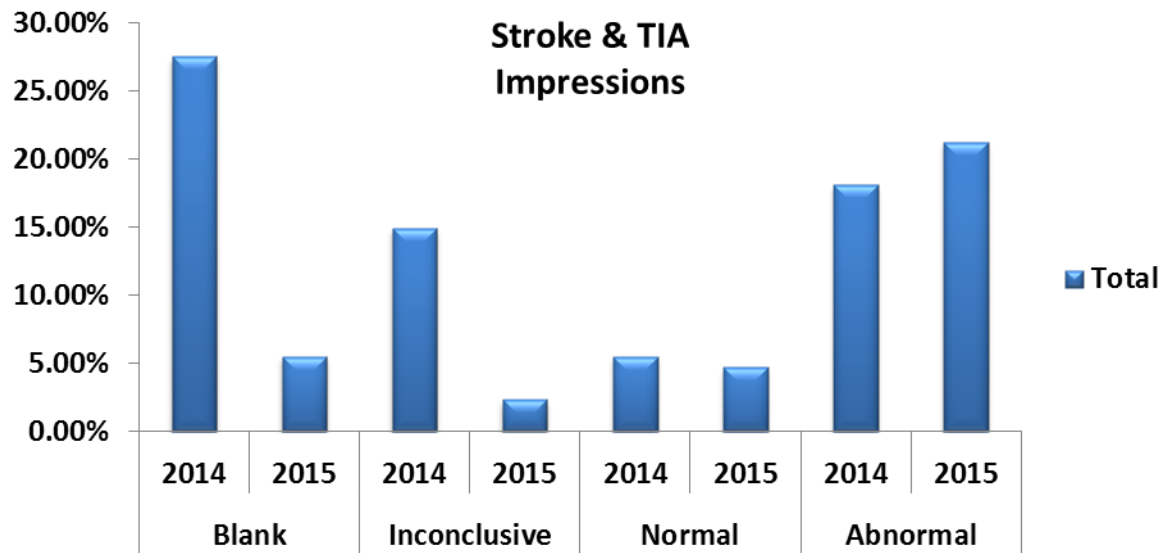
1. Certain important runform updates have been delayed for some time (more than a year in some cases) waiting for the runform change. Those changes will be made now rather than waiting until the end of the year.
2. The new Elite runform both looks and needs to be organized differently to allow it to work with all device types and screen sizes. In order to avoid providers having to learn to navigate both visual and runform format changes all at once, we will make the changes to the runform organization this spring. This allows the changes to occur in smaller, more manageable bits.

The Bureau will be posting multiple education resources to help providers learn the runform changes. The runform change will occur in April or early May. As specific date will be posted once we finish making the layout changes.

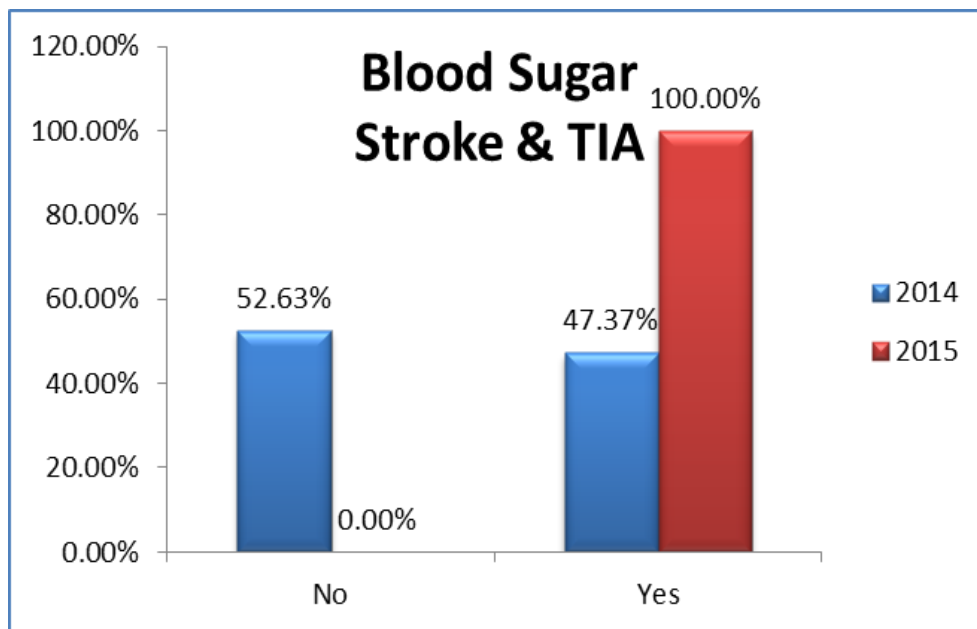
Research & Quality Management: Statewide Benchmarking

Stroke: We have started to look at stroke benchmarks and have already seen some substantial improvements since implementing changes on 2/25! So far, the number of patients with a provider impression of stroke or TIA that did not have a stroke scale finding documented is Zero % (Compared to 43% before that)-See *Graph 1a*. We have also seen a 52% jump in documented blood sugar (per protocol) for these patients!-See *Graph 1b*. Great Job everyone!

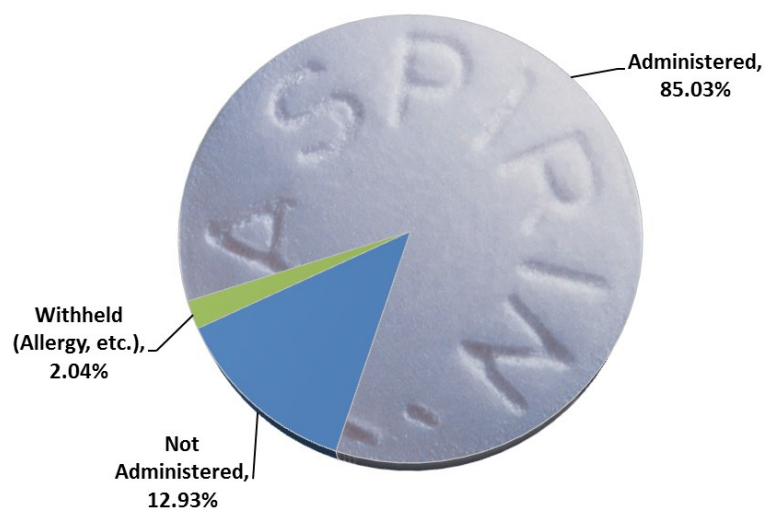
Aspirin: Providers are continuing to do a great job of documenting that they are insuring cardiac chest pain patients have received aspirin in NH. Currently we are showing 84% of patients with cardiac chest pain having taken or been administered Aspirin. This continues to be **30%** better than we were doing up until last fall! - See *Graph 2*.



Graph 1a



Graph 1b



Graph 2

Education: Day to Day

The Education Section continues our normal daily operations of course reviews and approvals. The Simulation Program, the AEMT Exam Preparation program, and the PearsonVUE Mobile Testing Lab have all continued to be very well-received and in high demand around the state. We are holding an AEMT Exam Prep session at Lakes Region Community College on May 7. [Register online.](#)

Education: AEMT Transition Update

The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still enjoying a 64% first-time pass rate and a 75% overall pass rate. EMT-Intermediate providers are reminded that the deadline to Transition is March 31, 2016 for even-year expirations and March 31, 2017 for odd-year expirations. Candidates are strongly encouraged to plan ahead, prepare for and attempt the exam early as seats will begin to fill up quickly as the deadlines approach. Additionally, the NREMT requires 14 days between attempts; so if a candidate needs to utilize all 6 attempts, they would actually need 12 weeks' lead time in order to complete the process prior to any deadline. See Table below for more information.

Education: EMT-Basic Transition Update

The deadline for EMT-Basics to transition to the EMT level is this March for odd-year expirations and next March for even-year expirations. An email communication was sent on October 8, 2014 to all of the currently licensed EMT-Basics (202 providers) expiring 3/31/2015 for whom we do not have a record of a transition course in our files, explaining the need to take a transition course or that they would run the risk of being downgraded to EMR. The same notification was mailed out to those Providers with the relicensing packet sent via US Mail. A final email was sent out to the remaining 103 Providers on March 3, 2015. These Providers were also called via telephone on this date to remind them that action was required.

AEMT Mobile Testing		
Pre-Approved Testing Sites	15	
Tests Conducted	35	
Individuals Tested	181	
AEMT Prep Classes		
Classes Conducted	65	
Individual Participants	684	
Classes Scheduled	1	
AEMT Transition Tests		
NH 1st Time Pass Rate	64%	422
NH Overall Pass Rate	75%	492
Candidates Tested	658	
Current AEMTs	694	
Transitioned AEMTs	492	
EMT-Is Still to Transition*	660	
Vouchers Issued	704	

Education: NREMT's NCCP Pilot

Our implementation of the NREMT's National Continued Competency Program pilot continues to move forward. We have convened a stakeholders' group to determine what the topics for the State/Local requirements will be. Strong groundwork has already been laid by this group and final recommendations for educational topics are expected to be forthcoming in the near future.

Education: Glucometry Scope of Practice

The Education Section has worked with the eLearning Group to develop the Glucometry Scope of Practice Course for NHOODLE. This program will still need to be delivered in conjunction with a licensed EMS Instructor/Coordinator, but is still in the beta-testing phase.

Advanced Life Support: 2015 NH Patient Care Protocols

We are in the final phases of finishing the 2015 Protocol review. The Medical Control Board will be voting on the final document at their March 19th meeting. The document will then go out for proof reading. We are also in the middle of creating an online NHOODLE based Protocol Rollout. The rollout will be an interactive learning platform for providers.

Highlights you can expect to see are:

- New Protocols: Abdominal Pain, Childbirth and Syncope
- New Procedures: Cricothyrotomy
- New Policies: Bariatric
- New AEMT Medications: Ondansetron (Zofran)
- New Paramedic Mediations: Dexamethasone (Decadron) , hydromorphone (Dilaudid) and calcium gluconate
- Dose change for methylprednisolone (Solumedrol) from 62.5 to 125 mg

Adoption of pediatric standards from the PEGASUS project (Pediatric Evidence-Based Guidelines: Assessment of EMS System Utilization in States), for the following protocols.

- | | |
|----------------------|-----------------|
| • Airway management | • Asthma |
| • Allergic reactions | • Bronchiolitis |
| • Shock | • Croup |
| • Spinal Injuries | • Seizures |
| • Pain | |

Many of their recommendation New Hampshire already had in place, the major changes will be addressed in the rollout.

Other changes of note:

- Diabetic protocol broken out in to Hyperglycemia and Hypoglycemia
- Hypoglycemia with altered mental status will be treated with D10 versus D50
- Shock protocol broken out into Non-traumatic Shock and Traumatic Shock
- AEMTs will be able to administer medications in their formulary to Pediatric patients.

Field Services: Ambulance Staffing Requirement

All licensed ambulances in the State of New Hampshire must meet staffing and equipment requirements as outlines within the Administrative Rules (Saf-C 5902.07 & Saf-C 5904), these can be found on the Division's website at: http://www.gencourt.state.nh.us/rules/state_agencies/saf-c5900.html.

Staffing of an ambulance includes the requirements that “All providers shall be licensed in accordance with Saf -C 5903” which outlines the NH Bureau of EMS licensing process, AND additionally states that staffing “at minimum, include 2 providers during patient transport, at least one of whom shall attend the patient”. We have been told that some services believe they can have one NH licensed Provider and a licensed EMS member from another state; this is not the case.

In order to assure that this is not happening, the Bureau of EMS will be verifying staffing on the vehicles, as well as ambulance equipment requirements, during spot inspections. Providers that are staffing the vehicle will be required to prove their New Hampshire provider license status.

If there is an inability to meet staffing requirements on a regular basis, we request that the Head of Unit contact the Bureau for assistance. If it is happening on a sporadic basis, a report of the incident should be made to the Bureau so that we can assess the level of difficulty that this is creating. This is especially important with our border services to ensure patient safety while determining changes that may need to be made.

Please review the pertinent rules of vehicle staffing with your employees. If you have questions or concerns, please do not hesitate to contact us: EMSLicensing@dos.nh.gov



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Field Services: Annual EMS Awards—Nominations are being accepted!

The EMS Awards Committee is accepting nominations for the 2015 Annual Awards. The nomination form can be found on the Division's website at: <http://www.nh.gov/safety/divisions/fstems/ems/forms.html#awards>

The six EMS award categories are:

- Heroism (Vultz Award)
- Provider of the Year
- Achievement (Mitchell/Connelly)
- Educator of the Year
- Unit of the Year
- Appreciation (Connor Honor)

Take a look around, consider the extreme actions of those who work with and for you each day – take time to acknowledge their excellence!

When making a nomination – please submit documentation and digital photos of the individual, Unit, EMS Team, incident or actions – the more the better!

Deadline for all submissions is June 1 2015! We look forward to hearing from you.

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